Exp	San Francisco, CA 94102 1/2010 David Binder Research San Francisco, CA 94102	Denditure Report rnment Code Sections 84203.5) NSTRUCTIONS ON REVERSE			from1/1/2010		Date Stamp 8/2/2010		CALIFORNIA FORM		_	65		
SEE IN	STRUCTION	S ON REVERSE		☐ Am	nendment (Explai	in Below)	through <u>6/30/201</u>	0		Page 1 For Official U STATE ZIP CODE AREA CODE CA 90017 2134526565	of 2	1		
	Am	endment No 000					Date of election in (Month, Day	f applicable:			Fo	or Official	Use O	nly
		Report No 001					11/2/2010							
1. C	ommitte	e/Filer Information		I.D. NUMB 1324632	ER (if recipient comn	nittee)	Treasure	(If recipient c	ommittee)		·			
CC	MMITTEE/FILI	ER'S NAME		1			NAME OF TREA	SURER						
Fi	refighters, and	Building Trades Organizations	010, A Co	alition of Pu	iblic Employees,		Frank Quintero MAILING ADDRE							
ST	REET ADDRES	SS (NO P.O. BOX)												
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			Suppo	orted o	r Opposed									K ONE
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Jer	ry Brown						SOUGHT: Governor						X	
NAI	ME OF BALLO	「MEASURE					BALLOT NO./LETTER	JURISDICTION	N			s	UPPORT	OPPOSE
								Statewide						
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	DATE	NAME AND A	DDRESS C	OF PAYEE			DESCRIPTION OF I	EXPENDITURE		AMOUNT		CALE	NDAR Y	EAR
6/14/20	010					OPPOS	ENDENT EXPENDITUR SING OTHERS erry Brown	RES SUPPORTI	NG / \$40,	00.00	\$3,930	•		,
6/14/20	010					OPPOS	ENDENT EXPENDITUR SING OTHERS erry Brown	RES SUPPORTI	NG / \$148	3,000.00	\$3,930	5,097.50		
6/14/20	010					OPPOS	ENDENT EXPENDITUR SING OTHERS 11TY Brown	RES SUPPORTI	NG / \$65,	000.00	\$3,930	5,097.50		

Sunnlan	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendi	iture Report	Type or print in ink. Amounts may be rounded to whole dollars.			Date Stamp 8/2/2010	CALIFORNIA FORM	l 65
SEE INSTRUC	Amendment No Report No Rep	Amendment (Explain Bel	ow) through 6/30/201	0		Page ² of	21
		-	Date of election i	f applicable:		For Official Use	
		-	11/2/2010				
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COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
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2. Name o	of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	PPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE CALENDAR	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$18,000.00	\$3,936,097.50	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$3,495,104.00	\$3,936,097.50	
6/14/2010	AKPD Message & Media LLC Chicago, IL 60654	OPI	POSING OTHERS	RES SUPPORTING /	\$112,500.00	\$3,936,097.50	

Sunnlan	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendi	iture Report	Type or print in ink. Amounts may be rounded to whole dollars.	•		Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUC	Amendment No Report No Rep	Amendment (Explain Be	low) through 6/30/201	0		Page ³ of	21
		-	Date of election i	f applicable:		For Official Use	
		-	11/2/2010				
Amounts nay be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE Amendment No 0000 Report No 001							
COMMITTE	STATE TIONAL: FAX/E-MAIL ADDRESS THE OF Candidate or Measure Sup	I	NAME OF TREA	SURER			
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NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
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DATE		SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/22/2010	AKPD Message & Media LLC Chicago, IL 60654	OPI	POSING OTHERS	RES SUPPORTING /	\$14,283.25	\$3,936,097.50	
6/22/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$6,355.99	\$3,936,097.50	
6/25/2010	AKPD Message & Media LLC Chicago, IL 60654	OPI	POSING OTHERS	RES SUPPORTING /	\$14,550.00	\$3,936,097.50	

Sunnlar	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.			Date Stamp 8/2/2010	CALIFORNIA FORM	65
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	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
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Amounts may be rounded to government Code Sections 8422010 SEE INSTRUCTIONS ON REVERSE Amendment No 000 Report No 001 ID. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL FAXIE-MAIL ADDRESS Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. DATE NAME OF BALLOT MEASURE NAME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE SUPPORTING / Chacgo, IL 08054 ITIL July Brown ARPD Message & Media LLC Chacgo, IL 08054 NADEPENDENT EXPENDITURES SUPPORTING / S10,304.26 S3,936,097.50 OPPENDING TEXPENDITURES SUPPORTING / S10,304.26 S3,936,097.50 INDEPENDENT EXPENDITURES SUPPORTING / S10,304.26 S3,936,097.50							
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NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	TO DATE
DATE		SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/25/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$12,000.00	\$3,936,097.50	
6/25/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$10,304.26	\$3,936,097.50	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$106,250.00	\$3,936,097.50	

Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Treasurer (if recipient committee) STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS TOTAL: FAX/E-MAIL ADDRESS BALLOT NO/LETTER JURISDICTION SMade Attach additional information on appropriately labeled continuation sheets.	Page 5 of	21			
4	Penditure Report ernment Code Sections 84203.5) INSTRUCTIONS ON REVERSE Amendment No 0000 Report No 001 Committee/Filer Information COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS Name of Candidate or Measure Supported or IAME OF CANDIDATE IAME OF BALLOT MEASURE Independent Expenditures Made Attach additional DATE NAME AND ADDRESS OF PAYEE 2010 KCBS-TV Studio City, CA 91604 COP-TV Los Angeles, CA 90025	-	Date of election i	f applicable:		For Official Use 0	
		_	11/2/2010				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	itee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PHO	ONE
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NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	ndent Expenditures Made A	attach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE				AMOUNT	CALENDAR (JAN.1 - DEC	
6/14/2010		OPI	DEPENDENT EXPENDITUI POSING OTHERS Jerry Brown	RES SUPPORTING /	\$35,700.00	\$3,936,097.50	
6/14/2010		OPI	DEPENDENT EXPENDITUI POSING OTHERS //Jerry Brown	RES SUPPORTING /	\$5,610.00	\$3,936,097.50	
6/14/2010		OPI	DEPENDENT EXPENDITUI POSING OTHERS //Jerry Brown	RES SUPPORTING /	\$347,777.50	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITUR
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SEE INSTRUCT		Amendment (Explain Bel	low) through 6/30/201	0		Page <u>6</u> of	21
		-	Date of election i	f applicable:		For Official Use	
		-	11/2/2010				
Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Amendment No 000 Report No 001 Amendment (Explain Below) Report No 001 Amendment (Explain Below) Report No 001 Amendment (Explain Below) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TOTIC STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAXE-MAIL ADDRESS AME OF CANDIDATE NAME OF CANDIDATE NAME OF CANDIDATE NAME OF BALLOT MEASURE BALLOT NO/LETTER JURISDICTION STATE ZIP CODE AND COMMITTEE PROPRIETION OF EXPENDITURE AMOUNT SAINLARD. CA 92701 NAME OF SAINLARD. CA 92701 NEDOC-TV SAINLARD. CA 92701 NEDOC-TV SAINLARD. CA 92701 NEDOC-TV SAINLARD. CA 92701 NEDEPENDENT EXPENDITURES SUPPORTING / SOS,050,000 NEDEPENDENT EXPENDITURES SUPPORTING / SOS,050,000							
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CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
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2. Name o	of Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$680.00	\$3,936,097.50	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$6,927.50	\$3,936,097.50	
6/14/2010		OPI		RES SUPPORTING /	\$62,050.00	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
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		-	Date of election i	f applicable:		For Official Use	
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COMMITTEE	E/FILER'S NAME	I	NAME OF TREA	SURER			
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NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$568,140.00	\$3,936,097.50	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$1,335.00	\$3,936,097.50	
6/14/2010	KSWB-TV San Diego, CA 92111	OPI		RES SUPPORTING /	\$14,450.00	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	MMITTEE/FILER'S NAME REET ADDRESS (NO P.O. BOX) TY STATE TIONAL: FAX/E-MAIL ADDRESS AME OF CANDIDATE ME OF CANDIDATE ME OF BALLOT MEASURE DATE NAME AND ADDRE 10 NCC Cable Los Angeles, CA 90025 10 XETV-TV San Diego, CA 92111	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 8/2/2010	CALIFORNIA FORM	165
SEE INSTRUCT		Amendment (Explain Bel	ow) through <u>6/30/201</u>	0		Page <u>8</u> of	21
		-	Date of election i (Month, Day	f applicable:		For Official Use	
		-	11/2/2010				
Amendment No 000 Report No 001 1. Committee/Filer Information COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS 2. Name of Candidate or Measure Supported or Opposed NAME OF CANDIDATE NAME OF BALLOT MEASURE 1. Independent Expenditures Made Attach additional information on appropriate NAME AND ADDRESS OF PAYEE	Treasure	(If recipient committ	ee)				
COMMITTEE	E/FILER'S NAME	I	NAME OF TREA	SURER			
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NAME OF CA	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE - CALENDAR	TO DATE
DATE			DESCRIPTION OF		AMOUNT	(JAN.1 - DE	
6/14/2010		OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$724,061.45	\$3,936,097.50	
6/14/2010		OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$595.00	\$3,936,097.50	
6/14/2010	XETV-TV San Diego, CA 92111	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$1,912.50	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
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SEE INSTRUCT		Amendment (Explain Bel	ow) through 6/30/201	0		Page <u>9</u> of	21
		-	Date of election i	f applicable:		For Official Use	
		-	11/2/2010				
Type or print in ink Amounts may be rounded to whole dollars.	ee)						
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
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DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$3,387.25	\$3,936,097.50	
6/14/2010	Advantage Cable Services, Inc. Arlington, TX 76011	OPI	POSING OTHERS	RES SUPPORTING /	\$35,343.00	\$3,936,097.50	
6/14/2010	KSWB-TV San Diego, CA 92111	OPI	DEPENDENT EXPENDITUR POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$807.50	\$3,936,097.50	

Sunnlan	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendi	iture Report	Type or print in ink. Amounts may be rounded to whole dollars.	·		Date Stamp 8/2/2010	CALIFORNIA FORM	65
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OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	endent Expenditures Made A	attach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	O DATE
						(JAN.1 - DE	
6/14/2010		OPF	POSING OTHERS	RES SUPPORTING /	\$1,262.25	\$3,936,097.50	
6/14/2010	KNSD-TV San Diego, CA 92101	OPF	POSING OTHERS	RES SUPPORTING /	\$12,146.50	\$3,936,097.50	
6/14/2010	KNSD-TV San Diego, CA 92101	OPF		RES SUPPORTING /	\$65,395.00	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			Date Stamp 8/2/2010	CALIFORNIA FORM	465
SEE INSTRUCT	Amount to w TRUCTIONS ON REVERSE Amendment No 000 Report No 001 Report No 001 MITTEE/FILER'S NAME EET ADDRESS (NO P.O. BOX) STATE ZIP CODE A CONAL: FAX/E-MAIL ADDRESS TO F CANDIDATE E OF CANDIDATE E OF BALLOT MEASURE REPORT NO MEASURE REPORT NO 001 STATE ZIP CODE A CONAL: FAX/E-MAIL ADDRESS TO STATE ADDRESS OF PAYEE REPORT NO 001 STATE ZIP CODE A CONAL: FAX/E-MAIL ADDRESS TO STATE ZIP CODE A	Amendment (Explain Bel	ow) through 6/30/201	0		Page 11 of	21
4		-	Date of election i	f applicable:		For Official Use	
		-	11/2/2010				
Amounts may be rounded to government Code Sections 8420.5) SEE INSTRUCTIONS ON REVERSE Amendment No							
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Տպ	oported or Opposed				CHE	ECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF A	PPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indeper	ndent Expenditures Made A	tach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE 1	TO DATE
						(JAN.1 - DE	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$20,612.50	\$3,936,097.50	
6/14/2010	KFMB-TV San Diego, CA 92111	OPI	POSING OTHERS	RES SUPPORTING /	\$149,940.00	\$3,936,097.50	
6/14/2010	KTLA-TV Los Angeles, CA 90028	OPI	POSING OTHERS	RES SUPPORTING /	\$13,175.00	\$3,936,097.50	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Treasurer (frecipient committee) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHON	Page 12 of	21			
A	Inditure Report Inent Code Sections 84203.5) IRUCTIONS ON REVERSE Amendment No 000 Report No 001 MITTEE/FILER'S NAME EET ADDRESS (NO P.O. BOX) STATE ONAL: FAX/E-MAIL ADDRESS The of Candidate or Measure Superior of Candidate or Measure Superior of Candidate FOF CANDIDATE OF BALLOT MEASURE Rependent Expenditures Made And NAME AND ADDRESS OF CANDIDATE OF	-	Date of election	if applicable:		For Official Use 0	
Report covers period Summ Surger Surger							
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PHO	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
6/14/2010		OP	POSING OTHERS	RES SUPPORTING /	\$113,326.25	\$3,936,097.50	
6/14/2010		OPI	POSING OTHERS	RES SUPPORTING /	\$27,540.00	\$3,936,097.50	
6/14/2010	KTTV-TV Los Angeles, CA 90025	OPI	POSING OTHERS	RES SUPPORTING /	\$172,380.00	\$3,936,097.50	

Sunnlar	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITUR
Expendi	ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 8/2/2010	CALIFORNIA FORM	 65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>6/30/201</u>	0		Page <u>13</u> of	21
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient committ	ee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name c	of Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE - CALENDAR	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF		AMOUNT	(JAN.1 - DE	
6/14/2010	KNBC-TV Burbank, CA 91523	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$34,255.00	\$3,936,097.50	
6/14/2010	KNBC-TV Burbank, CA 91523	OPI	DEPENDENT EXPENDITUI POSING OTHERS L/Jerry Brown	RES SUPPORTING /	\$379,355.00	\$3,936,097.50	
6/14/2010	KCAL-TV Studio City, CA 91604	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$6,800.00	\$3,936,097.50	

Sunnlam	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 8/2/2010	CALIFORNIA FORM	 65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>6/30/201</u>	0		Page <u>14</u> of	21
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient committee	ee)		
COMMITTEE	E/FILER'S NAME	I	NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
 2. Name o	of Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	PPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
6/14/2010	KCAL-TV Studio City, CA 91604	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$111,690.00	\$3,936,097.50	
6/14/2010	KUSI-TV San Diego, CA 92123	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$24,263.25	\$3,936,097.50	
6/14/2010	Spotlight Chicago, IL 60606	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$2,688.44	\$3,936,097.50	

Sunnlam	nental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 8/2/2010	CALIFORNIA FORM	 65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Be	low) through <u>6/30/201</u>	0		Page <u>15</u> of	21
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient committ	ee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
 2. Name o	of Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE - CALENDAR	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/14/2010	Bell Sound Studios Hollywood, CA 90038	OPI	DEPENDENT EXPENDITUI POSING OTHERS L/Jerry Brown	RES SUPPORTING /	\$1,335.00	\$3,936,097.50	
6/14/2010	Bully Pulpit Interactive Washington, DC 20006	OPI	DEPENDENT EXPENDITUI POSING OTHERS B/Jerry Brown	RES SUPPORTING /	\$112,500.00	\$3,936,097.50	
6/22/2010	Mode Project Chicago, IL 60654	OPI	DEPENDENT EXPENDITUI POSING OTHERS L/Jerry Brown	RES SUPPORTING /	\$2,106.25	\$3,936,097.50	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Bel	ow) through <u>6/30/201</u>	0		Page <u>16</u> of <u>1</u>	21
Am	nendment No 000	- American (Explain bea	Date of election i	f applicable:		For Official Use (
	Report No 001		11/2/2010				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed				CHF	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF I		AMOUNT	CALENDAR (JAN.1 - DEC	
6/22/2010	DG FastChannel Irving, TX 75039	OPF	DEPENDENT EXPENDITUR POSING OTHERS Jerry Brown	RES SUPPORTING /	\$1,561.38	\$3,936,097.50	
6/22/2010	Spotlight Chicago, IL 60606	OPF	DEPENDENT EXPENDITUR POSING OTHERS Jerry Brown	RES SUPPORTING /	\$1,257.15	\$3,936,097.50	
6/22/2010	AP/Wide World Photos New York, NY 10020	OPF	DEPENDENT EXPENDITUR POSING OTHERS Jerry Brown	RES SUPPORTING /	\$1,200.00	\$3,936,097.50	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	•	SUPPLEMENTA Date Stamp 8/2/2010	CALIFORNIA FORM	-65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Bel	ow) through <u>6/30/201</u>	0		Page <u>17</u> of _	21
A	mendment No 000	- (<u>Explain 25)</u>	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF		AMOUNT	CALENDAR (JAN.1 - DE)	
6/22/2010	Spotlight Chicago, IL 60606	OPF	DEPENDENT EXPENDITUR POSING OTHERS Jerry Brown	RES SUPPORTING /	\$725.35	\$3,936,097.50	
6/22/2010	AP/Wide World Photos New York, NY 10020	OPF	DEPENDENT EXPENDITUR POSING OTHERS /Jerry Brown	RES SUPPORTING /	\$950.00	\$3,936,097.50	
6/22/2010	Getty Images Chicago, IL 60603	OPF	DEPENDENT EXPENDITUR POSING OTHERS Jerry Brown	RES SUPPORTING /	\$8,291.50	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Bel	low) through <u>6/30/201</u>	0		Page <u>18</u> of _	21
4	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient committ	ee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Տպ	oported or Opposed				CHE	CK ONE
NAME OF CAN	•		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indeper	ndent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
6/22/2010	KXTV-TV Sacramento, CA 95818	OPI	DEPENDENT EXPENDITUR POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$2,507.50	\$3,936,097.50	
6/22/2010	KOVR-TV West Sacramento, CA 95605	OPI	DEPENDENT EXPENDITUR POSING OTHERS L/Jerry Brown	RES SUPPORTING /	\$2,040.00	\$3,936,097.50	
6/22/2010	KCRA-TV Sacramento, CA 95814	OPI	DEPENDENT EXPENDITUR POSING OTHERS L/Jerry Brown	RES SUPPORTING /	\$7,968.75	\$3,936,097.50	

Sunnlam	ental Independent				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURI
Expendit	ture Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Bel	ow) through <u>6/30/201</u>	.0		Page <u>19</u> of	21
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No 001	-	11/2/2010				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient committ	ee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Տսլ	oported or Opposed				CHE	CK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF A	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
6/25/2010	KTXL-TV Sacramento, CA 95820	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$1,105.00	\$3,936,097.50	
6/25/2010	KXTV-TV Sacramento, CA 95818	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$1,211.25	\$3,936,097.50	
6/25/2010	KOVR-TV West Sacramento, CA 95605	OPI	DEPENDENT EXPENDITUI POSING OTHERS _/Jerry Brown	RES SUPPORTING /	\$2,337.50	\$3,936,097.50	

Ex	upplemental Incorporations (penditure Reportment Code Sections 84)	ort	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 8/2/2010	CALIFORNIA FORM	65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below)	through <u>6/30/201</u>	0		Page 20 of _	21	
	Amendment	No <u>000</u>		Date of election (Month, Da	f applicable:		For Official Use	
	Report	No		11/2/2010				
 1.	Committee/Filer	Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
	COMMITTEE/FILER'S NAME			NAME OF TREA	SURER			
	STREET ADDRESS (NO P.O.	BOX)		MAILING ADDR	ESS			
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
	OPTIONAL: FAX/E-MAIL ADD	RESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2.	Name of Candida	te or Measure Sup	ported or Opposed				CHE	CK ONE
İ	NAME OF CANDIDATE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPOR	T OPPOSE
i	NAME OF BALLOT MEASURE			BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3.	Independent Exp	enditures Made Atta	ach additional information on appropr	iately labeled continuation	n sheets.		CUMULATIVE T	
- 10 -	DATE	NAME AND ADDRES		DESCRIPTION OF		AMOUNT	(JAN.1 - DE	
6/25	5/2010 KCRA-TV Sacramen	70, CA 95814	OPP	EPENDENT EXPENDITUI OSING OTHERS /Jerry Brown	RES SUPPORTING /	\$8,160.00	\$3,936,097.50	

Supplemental Independent

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	L INDEPENDEN	NT EXPENDITUR	Ε
	Report covers period	CALIFORN	IA 465	
rom _	1/1/2010	FORM	403	
hroug	ь 6/30/2010	Page 21	of 21	

to whole dollars.	1/1/2010	CALIFO FORM	465
	from		
	through <u>6/30/2010</u>	Page 21	of <u>21</u>
		I.D. NUMBE	ER (If recipient com.)
olic Employees, Firefighters, and Building Trades Organizations		1324632	
more this period. (Part 3.)			\$3,936,097.50
e this period. (Not itemized.)			\$0.00
(Add Lines 1 + 2.)		TOTAL	\$3,936,097.50
		n filed.	
ADDRESS	(NO. AND STREET)		
ATE ZIP CODE CITY		STATE	ZIP CODE
4) NAME OF FILING	OFFICER		
ADDRESS	(NO. AND STREET)		
r	more this period. (Part 3.)	through through 6/30/2010 chic Employees, Firefighters, and Building Trades Organizations more this period. (Part 3.)	through 6/30/2010 Page 21 I.D. NUMBE 1324632 more this period. (Part 3.)

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	By Kaufman Kaufman Kaufman
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT